CLAIMS ONLY

Application Number	Filing Date
10-685787	4-19-05

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
10	1					
11		1				
12		1				
13		1				
14		1				
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17		1				
18	1					
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20		1				
21		1				
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37		1				
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39		1				
40		1				
41		1				
42		1				
43		1				
44	1					
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
Total Indep	11					
Total Depend	61					
Total Claims	72					

CLAIMS						
	Indep.	Depend.	Indep	Depend	Indep	Depend
51		1				
52		1				
53		1				
54	1					
55		1				
56		1				
57		1				
58		1				
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98						
99						
100						
Total Indep						
Total Depend						
Total Claims						